

FOR OFFICE USE ONLY
Signature of Board Members:



FOR OFFICE USE ONLY
Application Approved:
License Number:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

**Rhode Island
Board of Examiners for
Nursing Home Administrators**

Room 105
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For*
License As A
Nursing Home Administrator**

By

☐ Examination ☐ Endorsement

☐ ACHCA Certification

--

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-5888

TTY/TDD: (800) 745-5555

Fax: (401) 222-3352

Revised 05/17/2006 awp

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Application Materials	
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Application Checklist.....	11
Interstate Verification Form - Other State License(s).....	12
Administrator in Training (AIT) Certification Form.....	13
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Licensure Requirements

- Recent passport type photograph (Approximately 2 X 2 inches in size - head & shoulder view).
- Official transcript(s) (sent directly from the registrar to the Board) from an accredited college/university verifying at least a bachelor's degree in health care administration or equivalent* or any discipline and courses totaling fifteen (15) hours to satisfy each domain of practice as follows: resident care management in nursing home, personnel management, financial management, environmental management of nursing homes, governance and management of nursing homes. **One course may satisfy up to two domains of practice. Provide course description from college/university course catalog .** Course description **must** include: Course title, course number, college or university, credit and grade.
- Birth Certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status and eligibility for employment in the United States (**original or a copy notarized as being a true copy of the original**).
- Two (2) letters of good moral character sent directly to the Board of Examiners for Nursing Home Administrators.

***NOTE:** Bachelor's Degree must be in Health Care Administration (HCA) or you must possess a Bachelor's Degree with 15 credits in the following areas: Residential Care Management in Nursing Homes; Financial Management, Personnel Management, Environmental Management of Nursing Homes, Governance and Management of Nursing Homes (See pages 7-8, Sect. 11).

By Endorsement

- All requirements listed under "Licensure Requirements" above.
- Results of the Nursing Home Administrator examination sent directly from the state of original licensure or the examination service to the Board.
- Written documentation of previous five (5) years of experience as administrator of a long-term care facility, to include letters of recommendation from each owner or governing body and
- No less than three (3) years experience in the most recent five (5) years in as a licensed Nursing Home Administrator in a long-term care facility.
- State (s) survey/absence of finding of substandard care, etc., within the most recent five (5) years.
- 40 continuing education credits within the last two (2) years (20 CEUs/year).
- Administrator in Training (AIT) Certification (page 13) sent directly to the Board.

GENERAL INFORMATION (CONTINUED)

By Examination

- Pass a written examination (National Association of Board Examiners of Long Term Care Administrators (NAB)). Prior to sitting for the written examination, an applicant for licensure shall be required to complete all requirements for licensure (referenced under licensure requirements) except for passing the examination.
- Documentation of Three Hundred Fifty (350) Hours of Field Experience (see form on page 13). It must be notarized and sent directly from the Administrator (or equivalent notarized verification of supervised practice).
- Administrator in Training (AIT) Certification (page 13) sent directly to the Board.

ACHCA Certification

- All requirements listed under “Licensure Requirements” (previous page).
- Certification by the American College of Health Care Administrators (ACHCA) sent directly from ACHCA to the Board.

Rules and Regulations/Laws

The rules and regulations for the “Licensing of Nursing Home Administrators (R-5-45-NHA)” can be obtained at the following web site:

http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_2874.pdf

Title 5, Chapter 45 of the RI General Laws, entitled Licensing of Nursing Home Administrators can be downloaded at the following web site:

<http://www.rilin.state.ri.us/statutes/title5/5-45/index.htm>



APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Examiners for Nursing Home Administrators (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 10) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

All applications and materials must be complete and on file 30 days prior to the upcoming Board meeting. Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice, criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and for a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. The Board may be emailed an address change. The email address is located at the following web site.

http://www.health.ri.gov/hsr/professions/nh_admin.php

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site (Approximately ten (10) days after Board Meeting):

<http://www.health.ri.gov/hsr/professions/license.php>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-5888.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application pages (6-10). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Attach a notarized Copy of Birth Certificate or proof of lawful entry into country.
3. Affix a recent passport type photo of yourself in the space provided (page 10).
4. Provide Documentation as described in "Licensure Requirements" (pages 2-3).
5. Complete all application materials as instructed and arrange them in the order listed on the application checklist (page 11). Do not submit the application without all applicable information and documentation. Mail these components of the application to:

**Rhode Island Department of Health
Board of Examiners for Nursing Home Administrators, Room 105
3 Capitol Hill
Providence, RI 02908-5097**



State of Rhode Island Board of Examiners for Nursing Home Administrators

Application for License as a Nursing Home Administrator

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

Please Refer to "Mandatory Addendum to License Application" on the last page of this application

3. Gender

☐ Male☐ Female

4. Date and Place of Birth

Month

Day

Year

City and State; OR Province and Country, etc., if NOT U.S.

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Home Phone

State

Zip Code

Postal Code, If NOT U.S.

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Business Phone

Extension

State

Zip Code

Postal Code, If NOT U.S.

Business Fax

7. Preferred Mailing Address Please check <u>ONE</u>	<input type="checkbox"/> Please use my Home Address as my preferred mailing address <input type="checkbox"/> Please use my Business Address as my preferred mailing address								
8. Qualifying Education Please list the name and information about the school that you attended that qualifies you for this license.	<div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> Type of School (University, College, Technical School, etc.) <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> Name of School Date Graduated: <div style="display: inline-block; border: 1px solid black; width: 30px; height: 15px; text-align: center; margin-right: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 15px; text-align: center;"></div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Month Year </div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 10px;"></div> Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.) <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> Major								
9. Other State License(s) Please answer the question and list state(s), if applicable	Have you ever held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to this question is “yes” , enter all other state licenses in Question 10 (below):								
10. Licensure List all states or countries in which you are now, or ever have been licensed to practice your profession.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> State/Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> </td> <td style="width: 50%; vertical-align: top;"> State/Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> </td> </tr> <tr> <td style="vertical-align: top;"> _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> </td> <td style="vertical-align: top;"> _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> </td> </tr> <tr> <td style="vertical-align: top;"> _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> </td> <td style="vertical-align: top;"> _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> </td> </tr> <tr> <td style="vertical-align: top;"> _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> </td> <td style="vertical-align: top;"> _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div> </td> </tr> </table>	State/Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div>	State/Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div>	_____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div>	_____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div>	_____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div>	_____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div>	_____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div>	_____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div>
State/Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div>	State/Country: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Active <input type="checkbox"/> Inactive </div>								
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11. NON-HCA Applicant Coursework <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> NOTE: This section pertains to <u>Endorsement and Examination Applicants who do NOT possess a HCA Degree ONLY</u> </div>	<p><i>If your degree was not in health care administration, complete this section in detail (If this section is not completed, your entire application will be returned to you). Provide course descriptions (attach copies from your College/University Course Catalog) for any clarification. List credit courses to total 15 Credit Hours in the five (5) content areas as set forth in R5-45-NHA, Section 3.1(c). PLEASE PROVIDE COURSE TITLE, COURSE NUMBER, THE COLLEGE OR UNIVERSITY WHERE YOU TOOK THE COURSE AND THE GRADE THAT YOU RECEIVED. PLEASE NOTE: One course may satisfy up to two (2) domains of practice. Courses must be 3 or 5 credits.</i></p> <p align="center"><u>Domain of Practice</u></p> <p>1. Residential Care Management in Nursing Homes</p> <p>Course Title _____</p> <p>Course Number _____</p> <p>College or University _____</p> <p>Credit and Grade _____</p> <p style="margin-top: 20px;">This question is related to NON-HCA Applicant Coursework and is continued on next page.</p>								

**11. NON-HCA
Applicant
Coursework
(Continued)**

NOTE: This section pertains to Endorsement and Examination Applicants who do NOT possess a HCA Degree ONLY

Domain of Practice

2. Personnel Management

Course Title _____

Course Number _____

College or University _____

Credit and Grade _____

3. Financial Management of Nursing Homes

Course Title _____

Course Number _____

College or University _____

Credit and Grade _____

4. Environmental Management of Nursing Homes

Course Title _____

Course Number _____

College or University _____

Credit and Grade _____

5. Governance and Management of Nursing Homes

Course Title _____

Course Number _____

College or University _____

Credit and Grade _____

Comments: _____

I have completed the courses at the College/University(s) listed above and **I have also attached copies of course descriptions from my College/University Course Catalog.** Please Note: If the course descriptions are not included, your application will not be considered complete until they are received.

14. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am of good and moral character and I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Nursing Home Administrator in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Examiners for Nursing Home Administrators of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary Seal

Notary No./Commission No.

Commission Expiration Date (MM/DD/YY)

15. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- ☐ I have read and understand the "Instructions for Completing the Application".
- ☐ I have completed the Rhode Island Board application as instructed (pages 6-10).
- ☐ I have attached the cover page of the application.
- ☐ I have completed Section 14, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- ☐ I have attached a photograph to Section 15, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- ☐ I have attached a Birth Certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status **and** eligibility for employment in the United States (**original or a copy notarized as being a true copy of the original**).
- ☐ I have arranged my Board Application materials in the following order.
 - 1. Board Application (including cover page) and pages 6-10.
 - 2. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application **MUST** indicate the section for which the information is being reported.]

I have mailed the above application materials directly to the Rhode Island Board of Examiners for Nursing Home Administrators (Board).

Required Forms

- ☐ I have completed and mailed the following forms as instructed.
 - 1. have requested my AIT Certification (**Page 13, Examination and Endorsement Candidates Only**).
 - 2. Interstate Verification Form(s) - Other State License(s) (**Page 12, Endorsement Candidates Only**).
 - 3. Mandatory Addendum to License Application (**Page 14, Verification of SSN Form**).

Other Documents

- ☐ I have requested a school transcript.
- ☐ I have requested two (2) letters of good moral character be sent directly to the Board.
- ☐ I have requested my certification score as instructed (**Endorsement Candidates Only**).
- ☐ I have attached State Surveys within the most recent five (5) years (**Endorsement Candidates Only**).



Rhode Island Board of Examiners for Nursing Home Administrators

Room 105, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-5888

Substitute forms are not acceptable, copy this form as needed.

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S)

I am applying for a license to practice as a Nursing Home Administrator in the State of Rhode Island. The Rhode Island Board of Examiners for Nursing Home Administrators requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Examiners for Nursing Home Administrators at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE NURSING HOME ADMINISTRATOR BOARD

Nursing Home Administrator Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the National Certification Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

Questions:

- Has this licensee ever been investigated by your Board? ☐ Yes ☐ No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
- Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature	Date
-----------	------

Type or Print Name

Title

Full Name of Licensing Board

Please Affix
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Board of Examiners for Nursing Home Administrators

Room 105, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-5888

Substitute forms are not acceptable, copy this form as needed.

Documentation of Three Hundred Fifty (350) Hours of Field Experience (AIT Certification Form - Required for Examination and Endorsement Applicants Only)

Print/Type Applicant's Full Name _____

Social Security Number _____

Date of Birth _____

*R5-45-NHA, "Rules and Regulations for Licensing of Nursing Home Administrators" - Section 3.0, "Qualifications for Licensure" - requires successful completion of a degree in a health-care related field from an accredited College or University **and** requires satisfactory completion of a field experience of at least three hundred fifty (350) hours, within a twelve (12) month period, in a training capacity in a licensed nursing facility that shall include training in the following areas: Administration, Nursing, Activities Department, Social Services/Admissions, Human Resources, Rehabilitation Department, Medical/Patient Records, Business Office, Dietary Department, Environment/Maintenance and Housekeeping/Laundry. At the conclusion of the field experience, the administrator of the licensed nursing facility where the field experience was performed must attest that the training included each area.*

I hereby attest that _____ has satisfactorily completed three hundred fifty (350) hours* of Field Experience in the following areas:

Number
of Hours

Administration

Number
of Hours

Nursing

Number
of Hours

Human Resources

Activities Department

Admissions

Medical/Patient Records

Dietary Department

Environment/Maintenance

Business Office

Rehabilitation Department

Social Services/Admissions

Housekeeping/Laundry

Other, Explain: _____

Total number of hours in AIT Training Program

***Hours should be approximate. The weights accorded the six domains of practice per NAB:**

16% Resident Care Management
13% Personnel Management

25% Financial Management
19% Regulatory Management

11% Environmental Management
20% Organizational Management

Signature of Nursing Home Administrator (NHA) _____

Print or Type Name of NHA _____

Date of Signature (MM/DD/YY) _____

License Number _____

The foregoing instrument was acknowledged before me this _____ day of

_____, 20_____, by _____,

who is personally known to me or has produced _____

as documentation and did / did not take an oath.

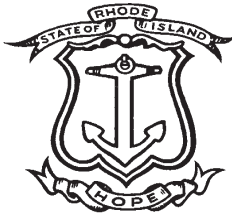
Name of Notary (Print, Type or Stamp) _____

Signature of Notary _____

Notary Seal

Notary No/Commission No. _____

Commission Expiration Date (MM/DD/YY) _____



Rhode Island Department of Health
3 Capitol Hill, Providence RI , 02908-5097
MANDATORY ADDENDUM TO LICENSE APPLICATION
Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. . These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- ☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- ☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.
- ☐ I am currently pursuing administrative review of taxes owed to the state.
- ☐ I am in federal bankruptcy. (Case # _____)
- ☐ I am in state receivership. (Case # _____)
- ☐ I have been discharged from bankruptcy. (Case # _____)

Type of Professional License for which you are applying.

Full Name (Please Print or Type)

Social Security Number

Signature

Phone Number (including area code if not 401)

Date

This form must be completed, signed and attached to your license application for processing.